

APPENDIX-C Training Expense Form

Bigfork Fire District

Adopted: 04.01.08

Name: _____ Date: _____ Location: _____

Training Course / Topic: _____

Description of Training: _____

Training Dates: _____ Cost: _____

I acknowledge that with the approval of this payment request, I am responsible for providing a copy of my certificate of attendance. I also acknowledge that in the event that I do not attend the training, I will reimburse Bigfork Fire District for tuition & costs paid.

Signature of applicant

Payment requested: (rates are established per the GSA.gov website)

				Estimate	Actual
Mileage:	_____	x	\$_____/mile	=	_____
Lodging:	_____	x	\$_____	=	_____
Meals:	_____	x	\$_____	=	_____
			Total:	_____	_____

___ I would like an advance of the necessary funds.

___ I do not need an advance of the necessary funds.

Advanced Amount: _____

Actual Cost: _____

Amount Due to District: _____

Amount Due to Member: _____

___ Approved Payment

___ Denied Payment

Fire Chief